

(f) The Montana RCC and other Montana RCC-based Calculations

The table below lists the 14 regulated (acute care and long-term care) hospitals in Montana and their RCCs (Ratio of Costs to Charges) in 2008.

These RCCs are based on research and analysis conducted by the Centers for Medicare and Medicaid Services (CMS), utilizing financial reports submitted by each of the hospitals.

When claim outliers are calculated, the individual hospital's RCC will be used as the basis in calculations.

Reimbursement rates in this fee schedule remain unchanged until the next revision of this fee schedule section referenced in the [Administrative Rules of Montana](#).

		CMS' 2008					
		Calculation					
		of Individual					
		Facility					
		Cost to					
Hospital	CMS	Charge					
Name	Provider Number	Ratios	Notes:				
ADVANCED CARE HOSPITAL OF MONTANA			1) Advanced Care Hospital of Montana in Billings had not yet been given an RCC				
BENEFIS HEALTHCARE	270012	0.416	or CMS provider number at the time this data table was developed.				
BOZEMAN DEACONESS HEALTH SERVICES	270057	0.533					
CENTRAL MONTANA MEDICAL CENTER	270011	0.566					
COMMUNITY MEDICAL CENTER	270023	0.522	2) Sources for the data table include a number of CMS database report sections,				
BILLINGS CLINIC	270004	0.371	particularly "HCRIS 2005 Report of Total Costs, IP Charges and				
HEALTHCENTER NORTHWEST	270087	0.838	Inpatient Charges from Worksheet C, Part I, Line 101, Column 5,				
HOLY ROSARY HEALTH CENTER	270002	0.416	6, and 7," et. seq., HCRIS' CostsCharges0907, subset "2005				
KALISPELL REGIONAL MEDICAL CENTER	270051	0.443	Hospital Complex Total Costs and Charges;" et. seq., and				
NORTHERN MONTANA HOSPITAL	270032	0.418	"Hospital2007_09_07 FY2005" et. seq.				
SAINT JAMES COMMUNITY HOSPITAL	270017	0.454					
ST. PATRICK HOSPITAL	270014	0.377					
ST. PETERS HOSPITAL	270003	0.427					
SAINT VINCENT HEALTHCARE	270049	0.377					